Reproductive and Developmental Hazards

[insert presenter info]

So What?

© Congenital defects are the #1 cause of death in infants

© 2-3% of newborns have a major anomaly requiring medical attention

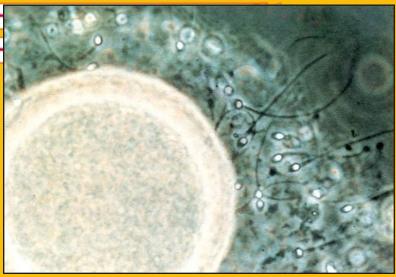


What You Will Learn

- Most important facts of reproductive and developmental toxicology
- © Common chemical, drug, and physical hazards
- Sources of information to help you make decisions

What do these terms mean?

- Reproductive hazard alters ability to conceive a child
- Developmental hazard alters the structure or function of the fetus/baby



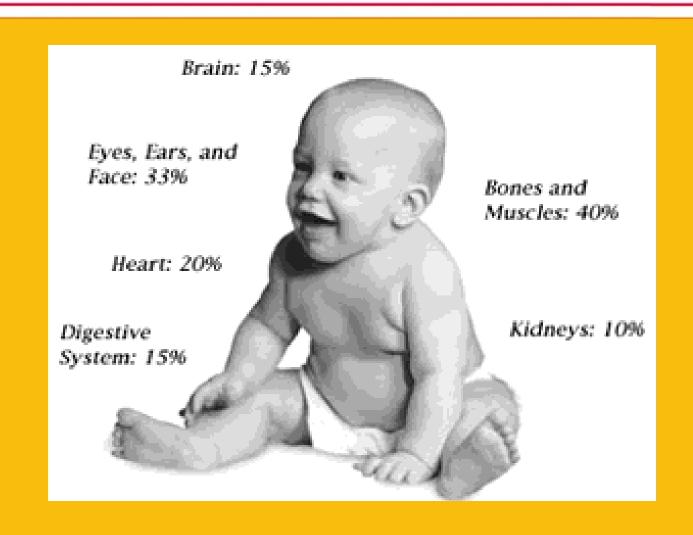


Reproductive and Developmental

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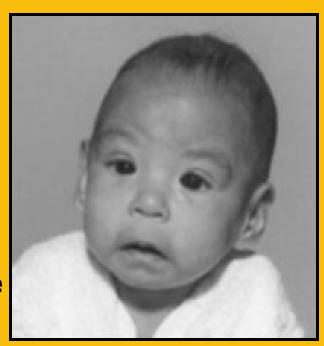
- © Can't conceive (10% of all couples)
- © Can't bring to term
- Damage to baby
 - Anatomic defect
 - Functional defect
 - Ongoing poisoning
- Our of the second of the se

Sites of Birth Defects



What determines the effect?

- - ex: X-rays vs radioactive iodine
- Obse: How much?
 - Maternal vs Fetal
- Route
- © Genetic factors of the parents and fetus
 - © ex: fetal alcohol syndrome
- Gestational age of fetus at time of exposure is critical



When is the greatest risk?

- **© First Trimester**
 - © Greatest risk at 4-9 weeks gestation
 - Most susceptible to what causes physical defects
 - Delay in normal growth and development
- Fourth month to Birth
 - Defects in Brain Development
 - O Low Birth Weight
 - Ourinary and Reproductive System Development

Specific Conditions that can Result from Hazardous

Toxicants

- Reduced Libido
- Infertility
- Menstrual Disorders
- Spontaneous Abortion
- Birth Defects
- Oliver in the late of the l
- Functional Deficits

What Potentially Harmful Agents are in Military

Settings?

- **OAnesthetic Gases**
- Antineoplastic drugs
- © Carbon Monoxide
- © Lead
- Radiation
- **Vibration**

- **OPCBs**
- Organic Mercury
- © Fules/JP-8
- OPhysical stress
- Organic Solvents
- O High Altitude

Classic Infectious Teratogens

Disease	Birth Defects
Rubella	Cataracts, glaucoma, heart defects, deafness
Cytomegalovir us	Microcephaly, blindness, mental retardation
Herpes simplex	Microphthalmia, microcephaly, retinal dysplasia
Toxoplasmosis	Hydrocephalus, cerebral calcifications, microphthalmia
Syphilis	Mental retardation, deafness
Varicella	Cortical atrophy, seizures, chorioretinitis, cataracts, microophthalmia, hypotrophic limbs, hemiatrophy, skin lesions

Protection From Common Infectious Hazards

- © Cytomegalovirus (CMV)
- Hepatitis B
- **OHepatitis C virus (HCV)**
- **OHIV**
- Parvovirus B 19
- Rubella

- Toxoplasmosis
- **©TB**
- © Chickenpox / Zoster
- Immunizations avoid live virus vaccine in pregnant women

Chemical Exposure

Evaluate hazard, not just toxicity. Don't recommend exposure > 10% of PEL. The following chemicals are always bad:

- © Chemotherapeutic agents © Any heavy metal:
- **OACE Inhibitors**
- **O Benzodiazepines**
- Steroid hormone
- O Vitamin A derivatives
- Carbaryl
- © Ethanol
- O Dowanols / glycol ethers
- Nickel
- Xylene

- O Any heavy metal: Lead, Mercury, Cadmium
- O DBCP
- O PCBs
- Toluene
- O lonizing radiation
- Ourethane (not polyurethane)
- Vinyl chloride

Other Hazards

- Overtime/prolonged hours
- Rotating Shift Work
- Video Display Terminals (link is very weak)
- © Lifting, repetitive
- Prolonged Standing
- Heat
 - © Core temperatures >39 C
 - Pregnant workers may be intolerant

Laws and Reproductive Health

- Occupational Safety and Health Act of 1970
- **OSHA Hazard Communication Standard**
- © EPA Regulations
- Title VII- Civil Rights Act: Pregnancy treated as a medical condition / Pregnancy Discrimination Act
- **© Family Leave Act**
- Worker's compensation

Clinical Evaluation/Management

What the Health Professional Must Do



- © Evaluate Risk
- Openion of the properties o
 - Reduce the level of exposure
 - Provide treatment and follow-up
- © Educate the patient and employer

Key Concept

For risk to exist, three factors must be present









Pathwa

Patient

9f any factor is missing, there is no

NIOSH Guidelines

- Obtain ob, medical and occupational history
- OID medical/ob conditions that prevent work
- OID work exposures and physical activity
- Modify work to eliminate or reduce exposures or other environmental factors that threaten pregnancy

*NIOSH considers repro disorders among top ten occupational illness/injuries

Evaluating Hazards

- Step 1: Hazard Identification
 - Patient Interview Occupational and environmental history
- Step 2: Exposure Assessment
- Step 3: Estimate the likelihood of harm
- Step 4: Recommendations
 - Open in the second of the s
 - Personal protective equipment
 - © Temporary Reassignment/leave

Evaluating Hazards

- Ohigh Concern Situations
 - Substances known to cause harm
 - Substances probably harmful to reproduction based on animal studies
 - Substances that cause harm at levels of exposure which do not cause signs of toxicity in the worker
 - Agents which cause harm at levels of exposure near those found in the workplace

AMA Guidelines for Job Tasks - Uncomplicated

Pregnancy

<u>Task</u>

OK Until Week

Clerical, managerial, sitting 40

Standing

Prolonged (>4 hours) 24

Intermittent

More than 30 min/hr 32

Less than 30 min/hr 40

AMA Guidelines for Tasks -Uncomplicated Pregnancy

Task OK Until Week

Stooping and bending

Repetitive (>10/hr) 20

Intermittent 2-10/hr 28

Intermittent <2/hr 40

Climbing (vertical)

>4 times shift 20

<4 times shift 28

Stairs

> 4 times/shift 28

< 4 times/shift 40

AMA Guidelines for Tasks -Uncomplicated Pregnancy

Task

OK Until Week

Lifting

Repetitive

>50 lb 20

25-50 lb 24

<25 lb 40

Intermittent

>50 lb 30

25-50 lb 40

Third Trimester Considerations

- ©Lifting at increased distance from body significantly increases stress to lower back
 - Avoid bulky packages, awkward, or confined spaces
 - No repetitive lifting more than 10 pounds
- Work Requiring Balance
 - Avoid climbing ladders, scaffolding
- No prolonged standing more than 3 hours per day
- Noise no more than 85dB

Hours and Shift Rotations

- © Consider the activity level of the worker
- © Consider any complaints or concerns by the worker seriously
- © Consider all current and historic obstetrical problems
- Ohistory of pregnancy complications
- No >40 hour work week in last trimester

Strong Indications for Temporary Transfer

- Waste anesthetic gasses (w/o) complete scavenge
- ©Lead (blood > 30
 ug/dl)
- ODirect use of organic mercury
- ©Radiation > 0.5 rem
- ©Cytotoxic agents w/o hood/PPE

- Organochlorine & organophosphorus pesticide application
- © Child or patient care (If sero-negative) during an outbreak of:
 - Rubella
 - O Varicella

Relative Indications for Temp Transfer or Job

Modification

Significant exposure to vibration, temperature, and altitude extremes

- ©Carbon monoxide exposure if CoHB > 5%
- **©Glycol ethers**

- Organic solvents
- **OPCBs, PBBs, DDT**
- ©Child or patient care (If sero-negative) during an outbreak of:
 - Parvovirus B-19
 - © CMV

Hobbies to Avoid

- Painting
- ©Removal of old paint
- Stripping furniture
- **©Glazing ceramics**
- Photo processing
- Stained glass and jewelry makin
- © Emptying kitty litter boxes
- Ohair coloring

Guidelines for Breast Feeding

 For most workers, benefits of br feeding far outw risks

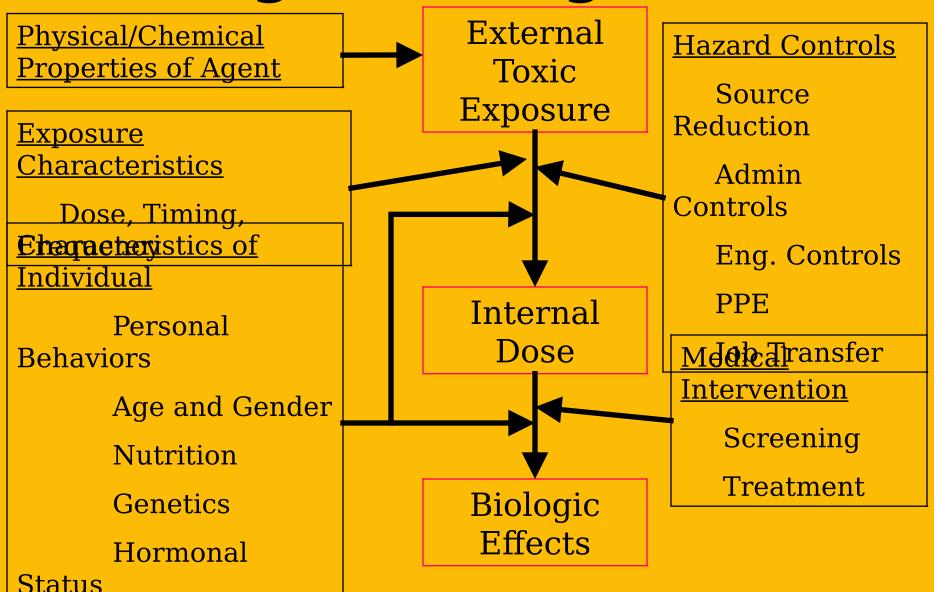


Some harmful contaminants are concentrated in breast milk

Guidelines for Breast Feeding cont.

- - Maternal levels of lead, cadmium, or mercury are above normal
 - Mother has occupational exposure to PCB's, PBB's, or organochlorine pesticides
 - Mother has occupational exposure to low molecular weight carcinogens
- Stop breast feeding for 3-4 days after maternal exposure to solvents

Putting It All Together



Removing a woman from her job, with consequent loss of income and insurance, may well be more damaging to her and her child's health than to remain employed under close surveillance

Occupational and Environmental Reproductive Hazards: A Guide for Clinicians, Maureen Paul, Williams and Wilkins,

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Questions

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